



State of South Dakota
Statement of Financial Interest
Elected Official

RECEIVED

JAN 14 2005

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

1. Name Tim Rave
2. Address 46923 250th St Baltic SD 57003
3. Elected Office State Representative

If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.

Date: 1-11-05 (Signed) [Signature]

If there are changes, please complete the following:

4. What is your occupation/profession? _____

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

Filed this 12th day of January, 2005
Chi Nelson
SECRETARY OF STATE

State of South Dakota)
County of _____) SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this _____ day of _____, 19____ (Signed) _____

(Seal)

Officer Administering Oath

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

RECEIVED
MAR 31 2004
S.D. SEC. OF STATE

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name Tim Rave

2. Address 46923 250th St Baltic, SD 57003

3. Office Sought State Representative

4. What is your occupation/profession? Paramedic Supervisor

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

Tim - Rural/Metro Ambulance - Sioux Falls
Lisa - Lewis Drug - Sioux Falls

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

Tim - main job/occupation
Lisa - main job/occupation

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

NONE

What is the nature of your immediate family's association with each?

State of South Dakota)
County of Minnehaha) SS.

Verification

Filed this 31st day of March 2004
Chris Nelson
SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Tim Rave

Sworn to before me this 29th day of March, 2004.

(Seal)

GLORIA K. BERNDT

NOTARY PUBLIC

SEAL

Gloria K Berndt

Officer Administering Oath

My commission expires: 7-02-07